



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION
Case #: MQB-175048

PRELIMINARY RECITALS

Pursuant to a petition filed on June 17, 2016, under Wis. Admin. Code § HA 3.03(1), to review a decision by Milwaukee Enrollment Services regarding Medical Assistance benefits, a hearing was held on July 13, 2016, at Milwaukee, Wisconsin.

There is no longer any issue for determination by the Division of Hearings and Appeals.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, WI 53703

By: [REDACTED] HSPC, Sr.
Milwaukee Enrollment Services
1220 W. Vliet St., Room 106
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Mayumi M. Ishii
Division of Hearings and Appeals

FINDINGS OF FACT

1. On December 9, 2015, the agency sent the Petitioner a notice that she was enrolled in QMB Medicare Premium Assistance without a premium. (Exhibit 1, pgs. 41-45; Exhibit 2, pgs. 21-28)
2. On January 12, 2016, the Petitioner contacted the agency to report her son, [REDACTED] was no longer in the home. The Petitioner indicated she was still receiving child support payments for him and that

he was receiving social security benefits, for which she was the payee. (Exhibit 2, pg. 8; testimony of the Petitioner.)

3. On January 13, 2016, the agency sent the Petitioner a Notice of Proof needed requesting verification of "Amount received per month" by January 22, 2016. (Exhibit 2, pgs. 31 -34)
4. On January 25, 2016, the agency sent the Petitioner a notice indicating that her healthcare benefits would be ending effective March 1, 2016, because she didn't provide the request verifications. (Exhibit 1, pgs. 29-34)
5. On February 3, 2016, the Petitioner provided verification that [REDACTED] was receiving \$191 per month in Social Security Income. Petitioner is the payee for [REDACTED] (Exhibit 2, pg. 8; testimony of Petitioner)
6. On February 4, 2016, the agency sent the Petitioner a notice indicating that she was over the income limit for SLMB Medicare Premium Assistance. (Exhibit 1, pgs. 22-26; Exhibit 2, pgs. 48-54)
7. On May 9, 2016, the agency sent the Petitioner a notice, indicating that she was not enrolled in SLMB Medicare Premium Assistance. (Exhibit 1, pgs. 11-15; Exhibit 2, pgs. 59-65)
8. On May 31, 2016, the agency sent the Petitioner a notice indicating that as of June 1, 2016, she would be enrolled in QMB Medicare Premium Assistance without a premium. (Exhibit 1, pgs. 16-21; Exhibit 2, pgs. 68-73)
9. The Petitioner filed a request for fair hearing that was received by the Division of Hearings and Appeals on June 17, 2016. (Exhibit 1)
10. On June 22, 2016, the agency sent the Petitioner a notice indicating that she qualified for the QMB program so the State of Wisconsin would pay her Medicare premiums, beginning March 1, 2016. (Exhibit 2, pg. 82)

DISCUSSION

The Petitioner filed an appeal to contest the termination of her Medicare Premium assistance, effective March 1, 2016. The agency has restored those benefits. As such, there is no longer any issue for determination by the Division of Hearings and Appeals.

The Petitioner indicated that she wanted to be reimbursed for the Medicare Premiums that were deducted from her Social Security check between March 1, 2016 and the present. However, the Social Security Administration (SSA) must issue the reimbursement. Because the SSA is a branch of the federal government, the Division of Hearings and Appeals, as a state agency, has no jurisdiction to order the SSA to issue a refund to the Petitioner. She will have to address her concerns directly to the SSA.

CONCLUSIONS OF LAW

There is no issue for determination by the Division of Hearings and Appeals at this time.

THEREFORE, it is

ORDERED

That the petition is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,
Wisconsin, this 11th day of August, 2016

\s _____
Mayumi M. Ishii
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on August 11, 2016.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability